



April 23, 2010

Sent via Certified Mail
#7004 1350 0002 4491 7816

520 E. 34TH Ave., Suite 107

Justin Olsen
1075 Cloverleaf Dr
North Pole AK 99705

Anchorage, AK 99503-4116

Dear Mr. Olsen,

This letter addresses a request for a prior authorization for right TMJ reconstruction with total joint prostheses. This letter sets forth the reasons for the denial and an explanation of the appeal procedure if you wish to appeal the denial to the Administrative Committee of the Alaska Teamster-Employer Welfare Board of Trustees.

The request to approve your claim is denied because services for TMJ reconstruction and arthroplasty are not covered by your plan.

907-565-8300

You have the right to appeal this denial to the Administrative Committee, which will independently review your claim. You have 180 days after receipt of this letter in which to file an appeal, and may submit whatever additional information you believe is helpful to your claim. File your appeal with this office. If you want, you can be represented by another person in the appeal process.

The following information provides a more detailed explanation of the basis for the denial, the appeal process, and your right to certain information.

fax 907-565-8338

Specific Reason for the Denial and Applicable Plan Provisions

Under Section 9.7, *Exclusions and Limitations*, item #19, of the Alaska Teamster-Employer Welfare Trust's Summary Plan Description, it states, in part:

Services for the diagnosis or treatment of temporomandibular joint (TMJ) dysfunction, and any other craniomandibular disorder or other conditions of the joint linking the jawbone and skull, including ridge augmentation.

benefits@959trusts.com

Additional Material or Information to Complete Your Claim, If Needed

We are not aware of any information needed to complete your claim.

EXHIBIT 4
Page 1 of 3

Justin Olsen- Denial of Benefits Letter
April 23, 2010
Page 2

Applicable Internal Rule or Guideline

The Alaska Teamster-Employer Welfare Trust's Summary Plan Description, Section 9.7, *Exclusions and Limitations*, item #19, specifically excludes services for the diagnosis or treatment of temporomandibular joint (TMJ) dysfunction.

Applicable Clinical Basis for Decision

Not applicable.

Filing an Appeal

To appeal this claim denial, you or your representative must submit your written appeal within 180 days after receipt of this letter:

If you wish to appeal, please provide any documents or information that support your claim that you did not previously submit to us. You or your representative may submit a written statement, documents, and other information. You may also, free of charge upon request, have reasonable access to and copies of relevant documents. Relevant documents are documents or information (1) relied upon in the initial decision; (2) submitted, considered, or generated in the course of making the initial decision, whether or not relied upon; (3) showing the denial was consistent with administrative processes and the Plan; or (4) serving as guidelines for denied treatment options or benefits for your diagnosis, whether or not it was relied upon.

Appeal Procedure

If you file a timely appeal, the Administrative Committee will make the final determination regarding your claim. The Administrative Committee has discretionary authority to interpret the provisions of the Plan and Summary Plan Description and to determine eligibility for benefits. The review will consider all statements, documents, and other information submitted by you or your representative, whether or not such information was submitted or considered under the initial denial decision. Claim determinations are made in accordance with Plan documents and, where appropriate, Plan provisions are applied consistently to similarly claimants. Any medical or vocational expert consulted with respect to a denial decision will be identified upon request.

Timing of Appeal Decision

The appeal decision will be in writing. The Administrative Committee holds regularly scheduled quarterly meetings. A decision will generally be made at the next regularly scheduled quarterly meeting after an appeal is received. If, however, your appeal is received within 30 days prior to such a meeting, it will be considered by the second regularly scheduled quarterly meeting after it is received. If special circumstances require a longer period for review you will be notified in writing and your appeal will be considered no later than the third regularly scheduled quarterly meeting after it is received. You will be notified of the appeal decision no later than five days after the decision is made.

Justin Olsen- Denial of Benefits Letter
 April 23, 2010
 Page 3

Hearing on Appeal

Within a reasonable time after receipt of the request for review, you will be notified of the date, time, and place of the appeal hearing by regular mail addressed to your address as shown on the request for review. You may request to be present at the hearing before the Administrative Committee. You may be represented at the hearing by an attorney or any other representative of your choosing. The proceedings at the hearing may be recorded by a method determined by the Committee. In conducting the hearing, the Committee shall not be bound by the usual common law or statutory rules of evidence. Copies will be made of all statements, documents, and records that you or your representative introduces at the hearing and all other relevant documents. This information will be attached to the record of the hearing, and made a part thereof.

Contents of Appeal Decision

If your claim is denied on appeal, the written denial decision will include the specific reasons for the decision; reference to Plan provisions on which the decision is based; a statement of your right to receive, upon request and free of charge, relevant documents; a copy of any internal rule or guideline relied upon in deciding a medical or disability claim; if the appeal was based on a medical necessity or experimental treatment exclusion, an explanation of the scientific or clinical judgment for the determination; and a statement of your right to sue to dispute the appeal decision. Specifically, you would have a right to bring a lawsuit in court under section 502(a) of the Employee Retirement Income Security Act, 29 U.S.C. Section 1132(a).

Please feel free to contact this office if you have further questions.

Respectfully,

ALASKA TEAMSTER-EMPLOYER
 WELFARE TRUST

Dennie Castillo
 Dennie Castillo

Customer Service Representative

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Justin Olsen
 1075 Cloverleaf Dr.
 North Pole AK 99705

2. Article Number

(Transfer from service label)

7004/4350 0002/4491/7816/

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Justin Olsen

☐ Agent

☐ Addressee

B. Received by (Printed Name)

JSO

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.D.

4. Restricted Delivery (Extra Fee)

☐ Yes

EXHIBIT

Page 3 of 3

102595-02-M-154